



INVESTIGACIÓN SOBRE SALUD REPRODUCTIVA EN EL INSTITUTO NACIONAL DE SALUD PÚBLICA

CENTRO DE INVESTIGACIÓN EN SALUD POBLACIONAL, INSP.

“Salud Reproductiva es un estado completo de bienestar físico, mental y social, no únicamente la ausencia de enfermedades o afecciones del Sistema Reproductivo en todas las etapas de la vida; implica que las personas sean capaces de tener una vida sexual responsable, satisfactoria y segura, asimismo, tener la capacidad de reproducirse y la plena libertad para decidir cuándo y con qué frecuencia hacerlo. OMS

Octubre -2011

EL FRUTO DE LA INVESTIGACIÓN

SALUD REPRODUCTIVA

En el Instituto Nacional de Salud Pública se han identificado algunas líneas de investigación prioritarias cuya misión principal es ayudar a resolver los principales problemas de Salud Pública en México, mediante la conformación de grupos multidisciplinarios de investigadores expertos en los problemas identificados con el objetivo de generar y divulgar la evidencia científica creada a partir de una investigación de certeza y calidad cuyos resultados generen estudios exitosos de planeación—prevención—control y estrategias costo-efectivas novedosas, mismas que podrán ser utilizadas no solamente por la comunidad científica o tomadores de decisiones en México, sino también a nivel internacional.

Identificadas en 2007 y consolidadas en el 2008, las líneas de investigación tienen como uno de sus objetivos fundamentales el de transmitir el conocimiento generado de sus investigaciones, a través de artículos científicos publicados en revistas de calidad indexadas en diferentes fuentes de información, además de libros y capítulos de libros.

Cada una de las Líneas de Investigación cuenta con límites bien establecidos de tópicos preferentes de estudio, a pesar de ello, estos temas tienen fronteras mucho más amplias que son abarcadas por las otras líneas, lo cual hace de todas las LIM en su conjunto un complemento adecuado de colaboración e intercambio de conocimientos cuyo objetivo fundamental es el de apuntalar al INSP como líder mundial en esta área tan importante que es la Salud Pública.

Salud Reproductiva es la Línea de Investigación por Misión número 15, identificada como problema relevante de Salud Pública por la Comisión Académica de Investigación del INSP, tiene como núcleo principal de investigación 3 componentes primarios: La *Salud Reproductiva del Adolescente*; la *Morbimortalidad Materna y Perinatal* y la *Salud Reproductiva del Adulto*. En el presente documento, a través del análisis de citas a los trabajos en conjunto del INSP relacionados a este tema, se puede observar cual es el vínculo, complemento e interrelación con las LIM *Salud Ambiental* (LIM 5) y *Desnutrición* (LIM 14) que convergen principalmente en este estudio a través de otros factores de riesgo externos como los ambientales y los nutricionales que afectan la Salud Reproductiva Humana, dando como resultado la obtención de indicadores bibliométricos de la producción científica dentro del INSP.

Además de las líneas de investigación mencionadas y correlacionadas con la Salud Reproductiva se encuentran otras vinculadas directamente a la misma con temática de Cáncer, SIDA-ITS y otras; por lo que se incluyeron los artículos correspondientes para su análisis citográfico.

ÍNDICE

<i>El Fruto de la Investigación.....</i>	1
<i>Análisis Citográfico.....</i>	3
<i>Artículos seleccionados con temática en Salud Reproductiva.....</i>	4 - 8
<i>Artículos seleccionados con temática en Salud Ambiental – Salud Reproductiva.....</i>	9 - 11
<i>Artículos seleccionados con temática en Desnutrición – Salud Reproductiva.....</i>	12 - 13
<i>Artículos más citados.....</i>	14 - 17
<i>Temática consultada.....</i>	18 - 21
<i>Revistas en las cuales fueron citados los investigadores del INSP.....</i>	22 - 23
<i>Revistas donde se publicaron los artículos que citan la producción científica del INSP.....</i>	24 - 25
<i>Investigación sobre Salud Reproductiva en México.....</i>	26 - 29
<i>El nacimiento del ingrediente activo de la píldora anticonceptiva en México.....</i>	30 - 32
<i>Citografía.....</i>	33 -281
<i>Créditos.....</i>	282

ANÁLISIS CITOGRÁFICO

Para la preparación de este análisis se buscaron artículos de 1999 a 2010 con temática en Salud Reproductiva, siendo el SIID la fuente de recuperación de la producción del INSP, se seleccionaron aquellos artículos que tuvieron al menos 1 cita y que cumplieron los criterios de contenido temático para ser incluidos en este análisis, obteniéndose 148 artículos en total, mismos que fueron distribuidos de la siguiente manera:

1. Salud Reproductiva, incluyendo las relacionadas con Cáncer, SIDA-ITS, 77 artículos (tabla 1)
2. Salud Ambiental - Salud reproductiva , 50 Artículos (tabla 2)
3. Desnutrición - Salud Reproductiva, 21 artículos (tabla 3)

De la combinación de todas las tablas se obtuvo 1 tabla concentrada:

4. Artículos con mas citas en total (14 o más citas). (tabla 4)

Se obtuvieron 1930 citas en total del 2009 al 2010 (ver citografía).

Del análisis de la citografía recuperada se obtuvieron los siguientes indicadores bibliométricos: Preferencia temática consultada por los investigadores externos nacionales e internacionales, revistas que más aportaron evidencia del apoyo resaltable de la investigación científica del INSP, nivel de las revistas, país de publicación de las revistas, artículos con más citas en total (tabla 4), Investigadores del INSP que trabajan en ese campo así como sus líneas y sublíneas temáticas de preferencia.

Tabla 1: ARTÍCULOS SELECCIONADOS CON TEMÁTICA EN SALUD REPRODUCTIVA

Se incluyeron los relacionados a cáncer, SIDA-ITS y otros.

Xu H. et al. [Parra-Cabrera S. Reyes-Morales H.]. An international trial of antioxidants in the prevention of preeclampsia (INTAPP). *Am J Obstet Gynecol* 2010;202(3):239.e1-239.e10

Atienzo EE. Walker DM. Campero-Cuenca ML. Lamadrid-Figueroa H. Gutiérrez JP. Parent-adolescent communication about sex in Morelos, Mexico: does it impact sexual behaviour? *Eur J Contracept Reprod Health Care* 2009;14(2):111-9.

Billings DL. Walker DM. Mainero-del Paso G. Clark AK. Dayananda I. Pharmacy worker practices related to use of misoprostol for abortion in one Mexican state. *Contraception* 2009;79(6):441-451

Blanco-Muñoz J. Torres-Sánchez L. López-Carrillo L. Exposure to maternal and paternal tobacco consumption and risk of spontaneous abortion. *Public Health Rep* 2009;124(2):317-322

García SG. Becker D. de Castro MM. Paz F. Díaz-Olavarrieta C. Acevedo-García D. Knowledge and Opinions of Emergency Contraceptive Pills Among Female Factory Workers in Tijuana, Mexico. *Stud Fam Plann* 2009;39(3):199-210

Levin C. Grossman D. Berdichevsky K. Díaz-Olavarrieta C. Aracena B. García SG. Goodyear L. Exploring the costs and economic consequences of unsafe Abortion in Mexico City before legalization. *Reprod Health Matters* 2009;33(17):120-132

López-Carrillo L. Suárez-López L. Torres-Sánchez L. Detección del cáncer de mama en México: síntesis de los resultados de la Encuesta Nacional de Salud Reproductiva. *Salud Publica Mex* 2009;51(Supl 2):345-349

Neufeld LM. Wagatsuma Y. Hussain R. et al. Measurement error for ultrasound fetal biometry performed by paramedics in rural Bangladesh. *Ultrasound Obstet Gynecol* 2009;34(4):387-94.

Reyes-Morales H. Gómez-Dantés H. Torres-Arreola LP. Et al. Necesidades de salud en áreas urbanas marginadas de México. *Rev Panam Salud Publica* 2009;25(4):328-36.

Ruiz-Rodríguez M. Wirtz VJ. Nigenda-López GH. Organizational elements of health service related to a reduction in maternal mortality: The cases of Chile and Colombia. *Health Policy* 2009;90(2-3):149-155

Sosa-Rubí SG. Galárraga O. Harris JE. Heterogeneous impact of the Seguro Popular program on the utilization of obstetrical services in Mexico, 2001-2006: A multinomial probit model with a discrete endogenous variable. *J Health Econ* 2009;28(1):20-34.

Sosa-Rubí SG. Walker D. Serván E. Práctica de mastografías y pruebas de Papanicolaou entre mujeres de áreas rurales de México. *Salud Publica Mex* 2009;51(Supl. 2):S236-S245.

Villazón-Vargas N. Conde-González CJ. Juárez-Figueroa L. Uribe-Salas F. Prevalencia de sífilis materna y evaluación de una prueba diagnóstica rápida en Cochabamba, Bolivia. *Rev Med Chile* 2009;137(4):515-521

Juárez F. Singh S. Garcías SG. Díaz-Olavarrieta C. Estimates of Induced Abortion in Mexico: What's Changed Between 1990 and 2006? *Int Fam Plann Perspect* 2008;34(4):158-168

Vladislavovna-Doubova S. Pérez-Cuevas R. Reyes-Morales H. Autopercepción del estado de salud en climáticas derechohabientes del Instituto Mexicano del Seguro Social. *Salud Publica Mex* 2008;50(5):390-6.

Blanco-Muñoz J. Lacasaña M. Cavazos RG. Borja-Aburto H. Galaviz-Hernández C. Garduño CA. Methylenetetrahydrofolate reductase gene polymorphisms and the risk of anencephaly in Mexico. *Mol Hum Reprod* 2007;6(13):419-424

Campero-Cuenca ML. Hernández-Prado B. Leyva-López AG. Estrada F. Osborne J. Morales S. Tendencias de cesáreas en relación con factores no clínicos en un centro de educación para el parto en la Ciudad de México. *Salud Publica Mex* 2007;49(2):118-125

Díaz-Olavarrieta C. García SG. Feldman BS. et al. Maternal Syphilis and Intimate Partner Violence in Bolivia: A Gender-Based Analysis of Implications for Partner Notification and Universal Screening. *Sex Transm Dis* 2007;34(Suppl 7):42-46

Díaz-Olavarrieta C. Paz F. Abuabara K. et al. Abuse during pregnancy in Mexico City. *Int J Gynaecol Obstet* 2007, 97(1):57-64.

García SG. Tinajeros F. Revollo R. Yam EA. Richmond K. **Díaz-Olavarrieta C.** Grossman D. Demonstrating Public Health at Work: A Demonstration Project of Congenital Syphilis Prevention Efforts in Bolivia. *Sex Transm Dis* 2007;34(Suppl 7):37-41

Klisch SA. Marnary E. **Díaz-Olavarrieta C.** García SG. Patient-led partner notification for syphilis: Strategies used by women accessing antenatal care in urban Bolivia. *Soc Sci Med* 2007;65(6):1124-1135

Levin CE. Steele M. Atherly D. García SG. Tinajeros F. Revollo R. Richmond K. **Díaz-Olavarrieta C.** et al. Analysis of the Operational Costs of Using Rapid Syphilis Tests for the Detection of Maternal Syphilis in Bolivia and Mozambique. *Sex Transm Dis* 2007;34(Suppl 7):47-54S, Vol. 34, Nom. sup. 7, Pags. 47- 54, Año 2007

Revollo R. Tinajeros F. Hilari C. Gacría SG. Zegarra L. **Díaz-Olavarrieta C. Conde-González CJ.** Sífilis materna y congénita en cuatro provincias de Bolivia. *Salud Publica Mex* 2007;49(6):422-428

Blanco-Muñoz J. Lacasaña M. Borja-Aburto VH. Maternal miscarriage history and risk of anencephaly. *Paediatr Perinat Epidemiol* 2006,20(3):210-218

Campero-Cuenca ML. Walker DM. Hernández-Prado B. et al. La contribución de la violencia a la mortalidad materna en Morelos, México. *Salud Publica Mex* 2006;48(Supl 2):S297-S306

Cuevas S. **Blanco-Muñoz J. Juárez C.** Palma O. **Valdéz-Santiago MR.** Violencia y embarazo en usuarias del sector salud en estados de alta marginación en México. *Salud Publica Mex* 2006;48(Supl 2):S239-S249

Hernández-Trejo M. **Hernández-Prado B.** Uribe-Salas F. Juárez-Figueroa L. **Conde-González CJ.** Maternal and congenital syphilis in two Mexican hospitals: evaluation of a rapid diagnostic test. *Rev Invest Clin* 2006, 58(2):119-125.

Neufeld LM. Haas JD. Grajeda R. Martorell R. Last menstrual period provides the best estimate of gestation length for women in rural Guatemala. *Paediatr Perinat Epidemiol* 2006;20(4):290-8.

Ortega-Ceballos PA. Moran C. **Blanco-Muñoz J. Yunez-Díaz E.** et al. Reproductive and lifestyle factors associated with early menopause in Mexican women. *Salud Publica Mex* 2006;48(4):300-307

Torres P. Walker DM. Gutiérrez JP. Bertozzi SM. Estrategias novedosas de prevención de embarazo e ITS/VIH/SIDA entre adolescentes escolarizados mexicanos. *Salud Publica Mex* 2006;48(4):308-316

Torres-Sánchez L, Chen J, Díaz-Sánchez Y, Palomeque C, Bottiglieri T, López-Cervantes M and **López-Carrillo L.** Dietary and genetic determinants of homocysteine levels among Mexican women of reproductive age. *Eur J Clin Nutr* 2006;18:1-7

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Vaccarella S. Herrero R. et al. [**Lazcano-Ponce EC.**] Reproductive factors, oral contraceptive use, and human papillomavirus infection: pooled analysis of the IARC HPV prevalence surveys. *Cancer Epidemiol Biomarkers Prev* 2006, 15(11):2148-2153

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Blanco-Muñoz J. Lacasaña M. Borja-Aburto VH. **Torres-Sánchez LE.** García AMG. **López-Carrillo L.** Socioeconomic Factors and the Risk of Anencephaly in a Mexican Population: A Case-Control Study. *Public Health Rep* 2005;120(1):39-45

González-Garza C. **Rojas-Martínez R. Hernández-Serrato MI.** Olaiz-Fernández G. Perfil del comportamiento sexual en adolescentes mexicanos de 12 a 19 años de edad. Resultados de la ENSA 2000. *Salud Publica Mex* 2005;47(3):209-218

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Torres-Mejía G. Cupul-Uicab LA. **Allen-Leigh B.** Galal O. **Salazar-Martínez E. Lazcano-Ponce EC.** Comparative Study of Correlates of Early age at menarche among Mexican and Egyptian adolescents. *Am J Hum Biol* 2005;17(5):654-658

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Tapia-Aguirre V. **Arillo-Santillán E. Allen-Leigh B. Angeles-Llerenas A. Cruz-Valdéz A. Lazcano-Ponce EC.** Associations among Condom Use, Sexual Behavior, and Knowledge about HIV/AIDS. A Study of 13,293 Public School Students. *Arch Med Res* 2004;35(4):334-343.

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Ortega-Altamirano D. López-Carrillo L. López-Cervantes M. Estrategias para la enseñanza del autoexamen del seno a mujeres en edad reproductiva. *Salud Publica Mex* 2000;42(1):17-25

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Hernández-Peña P. Kageyama MD. Coria I. **Hernández-Prado B.** Harloe S. Condiciones de trabajo, fatiga laboral y bajo peso al nacer en vendedoras ambulantes. *Salud Publica Mex* 1999;41(2):101-109

Olaya-Contreras P. Pierre B. **Lazcano-Ponce EC.** Villamil-Rodríguez J. Posso-Valencia HJ. Reproductive risk factors associated with breast cancer in Colombian women. *Rev Saude Publica* 1999, 33(3):237-245

Salazar-Martínez E. Lazcano-Ponce EC. González-Lira G. Escudero-de los Ríos P. Salmeron-Castro J. Hernández-Ávila M. Reproductive factors of ovarian and endometrial cancer risk in a high fertility population in Mexico. *Caries Res* 1999;59(15):3658-3662

Tabla 2. ARTÍCULOS SELECCIONADOS CON TEMÁTICA EN SALUD AMBIENTAL Y SALUD REPRODUCTIVA

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de Jager C. Aneck-Hahn NH. Bornman MS. **Fariás P.** et al. Sperm chromatin integrity in DDT-exposed young men living in a malaria area in the Limpopo province, South Africa. *Human Reprod* 2009;24(10):2429-2438.

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Moreno-Banda G. **Blanco-Muñoz J.** Lacasaña M. **Rothenberg SJ.** Aguilar-Garduño C: Gamboa R. Pérez-Méndez O. Maternal exposure to floricultural work during pregnancy, PON1 Q192R polymorphisms and the risk of low birth weight. *Sci Total Environ* 2009;407(21):5478-5485

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INVESTIGACIÓN SOBRE SALUD REPRODUCTIVA EN EL INSTITUTO NACIONAL DE SALUD PÚBLICA

TEMÁTICA CONSULTADA



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Imagen: spaciolibre.net

Metalúrgica Doe Run en La Oroya, Perú, de su chimenea, emanaban diariamente (hasta el 2009) vapores de plomo y dióxido de azufre. De acuerdo a un estudio (Pebe G. et al. Rev Peru Med Exp Salud Pública 2008) el promedio de plomo en sangre de una muestra de 93 recién nacidos entre el 2004 y el 2006 en este lugar fue de 8,84 µg/dL, de estos, el 23% tuvo más de 10 µg/dL.

SALUD REPRODUCTIVA – SALUD AMBIENTAL.

Plomo:

Derivado de su fácil maleabilidad y fusión y de su presencia en forma natural en la corteza terrestre, el plomo es un metal que ha sido utilizado de distintas formas desde hace mucho tiempo; en 1998 México ocupaba uno de los principales lugares a nivel mundial como productor de este elemento, sus principales usos eran como materia prima para la industrias de acero, hierro, papel, textil y cerámica así como en pinturas, juguetes, alfarería y gasolinas entre otros.

Hoy en día el uso del plomo ha sido limitado por considerarse un contaminante ambiental altamente tóxico para la salud del ser humano. La exposición a este metal durante el embarazo trae como consecuencias: el origen de trastornos en el desarrollo fetal, complicaciones en el embarazo y en el parto, dejando secuelas aún mucho después del nacimiento. Los estudios más consultados que se han realizado sobre la salud reproductiva y el plomo dentro del INSP son:

- Los efectos de la exposición prenatal a este metal sobre: el desarrollo intelectual y psicomotor de los niños; su neurotoxicidad fetal; parto pretérmino y aborto espontáneo.
- La medición de niveles de plomo en hueso materno y la relación con niveles circundantes en la sangre durante el embarazo y lactación.
- La presencia de plomo en sangre materna, medidos en cada trimestre del embarazo como predictor de disminución en el desarrollo mental del infante.

- El incremento de la hipertensión y presión sanguínea durante el embarazo asociadas al incremento de plomo en sangre.
- Los efectos de los suplementos de calcio sobre la disminución de plomo en sangre en mujeres lactantes.
- La carga del plomo materno y los efectos sobre el peso del lactante; y el efecto del plomo en el hueso materno sobre la longitud y circunferencia de la cabeza del recién nacido.



Plaguicidas:

Otro tema relevante para los investigadores externos en el área de contaminantes ambientales son los efectos tóxicos de los plaguicidas sobre la función reproductiva, primordialmente sobre la fertilidad masculina, también su influencia nociva sobre los trastornos en el desarrollo fetal y complicaciones durante el embarazo.

Los subtemas más consultados son:

- Las investigaciones de los efectos tóxicos de los compuestos organofosforados, utilizados en la agricultura mexicana, sobre la calidad y cantidad del líquido espermático de los trabajadores agrícolas; así como también sus efectos nocivos sobre las hormonas folículo estimulante y luteinizante.
- Otros agentes tóxicos de interés que actúan como disruptores endocrinos son los plaguicidas organoclorados, específicamente el Dicloro-Difenil-Tricloroetano (DDT) y el Diclorodifenil-Dicloro-Etileno (DDE) metabolito mayor del primero. Las investigaciones principales sobre estos elementos tóxicos son los que asocian su exposición ambiental a la disminución de la función testicular y de las hormonas reproductivas masculinas. El estudio de algunas variables reproductivas y el riesgo de cáncer de mama asociadas a la exposición de DDE en mujeres postmenopáusicas principalmente. Otro subtema es el efecto que existe entre la exposición “in útero” a organoclorados sobre el desarrollo fetal; el parto prematuro y el neurodesarrollo del infante.

Otros:

- Ftalatos asociados a parto pretérmino.

SALUD REPRODUCTIVA Y DESNUTRICIÓN.

La desnutrición materna constituye el problema principal en los países en vías de desarrollo más pobres generando una elevada prevalencia de bajo peso al nacer y retardo de crecimiento fetal considerándose un factor de riesgo importante para la morbilidad y mortalidad perinatal.

Para abordar y prevenir este problema en México, se ha motivado a buscar y mejorar esta condición a través de la suplementación dietética nutricional esencial durante la fertilidad y el embarazo, convirtiéndose en una fuente de apoyo inagotable para el mejoramiento

del éxito reproductivo en el ser humano, sobre todo si lo anterior viene ligado a un estilo de vida saludable.

Los artículos más demandados en el área de nutrición fueron:

Nutrientes en el embarazo:

- Los micronutrientes múltiples en comparación con el hierro como único nutriente, en la prevención del bajo peso al nacer y la anemia en mujeres embarazadas.
- El papel del almacenamiento de hierro y folato antes del embarazo y su relación con la incidencia de anemia en mujeres embarazadas usando como valores predictivos la ferritina sérica y el folato eritrocitario.
- La anemia en mujeres embarazadas y no embarazadas como problema de salud pública.
- Evaluación de ingesta dietética de ácidos grasos poliinsaturados, principalmente de cadena larga n-3, durante el embarazo y el papel de estos sobre el neurodesarrollo y peso al nacer del infante.
- Influencia de la nutrición materna durante el embarazo sobre el desarrollo y crecimiento del feto.



SALUD REPRODUCTIVA (Incluye temática de Cáncer y SIDA e ITS):

Los subtemas más consultados sobre aspectos reproductivos en general son:

- Los factores reproductivos asociados al cáncer endometrial, al cáncer de ovario y a la infección por HPV.
- Medición de la distancia anogenital en recién nacidos.
- Historia reproductiva y uso de anticonceptivos orales relacionados a la infección por HPV.
- La correlación entre el conocimiento y experiencia de la anticoncepción de emergencia y el incremento del uso del condón.
- Embarazo no deseado y utilización de métodos anticonceptivos subsecuentes.



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- Los aspectos sociales y culturales de las mujeres que las hace vulnerables ante la epidemia del VIH SIDA.

- El papel de los suplementos de calcio sobre la reducción de la resorción ósea materna durante el embarazo.

- Factores relacionados con el uso del condón en jóvenes; perfil del comportamiento sexual en esta edad; evaluación de la efectividad de los programas de prevención contra el VIH/SIDA; así como factores de riesgo para desarrollar o adquirir una enfermedad crónica o problemas reproductivos en la adolescencia.
- El tiempo dedicado a la práctica de algún deporte o ejercicios como actividad física por parte de las mujeres mexicanas en edad reproductiva.
- Autopsia verbal para determinar las causas de mortalidad materna.
- Conocimientos y actitudes de las mujeres en edad reproductiva hacia el tamizaje de cáncer cervical.
- Detección de HPV y factores de riesgo asociados que existen entre las mujeres embarazadas y las no-embarazadas.
- La información oportuna sobre métodos de planificación familiar y de factores de riesgo para la adquisición de infecciones de transmisión sexual como herramienta para la elección del método anticonceptivo más seguro en mujeres para ambos aspectos.
- Condiciones de trabajo ambulante de la mujer como factor de riesgo para presentar hijos con bajo peso al nacer.

SOBRE LAS REVISTAS CIENTÍFICAS

I. REVISTAS EN LAS CUALES FUERON CITADOS LOS INVESTIGADORES DEL INSP

Fueron 76 títulos localizados en este rubro, de ellos, 32 aparecen con mayor preferencia entre los investigadores del INSP, (tabla 5). Es importante resaltar que las primeras 7 revistas obtuvieron el 51.03% (985) de citas, más de la mitad del total, siendo la revista “*Salud Pública de México*”, publicación oficial de este Instituto, quien integra una proporción importante de esta producción, siguiendo en orden de preferencia la Revista “*Environmental Health Perspectives*” especializada en aspectos ambientales. Referente a la especialidad de cada revista observamos que de las 32 visibles; 7* se enfocan a salud ambiental, 5* a nutrición y 3* a temas reproductivos.

Tabla 5. Revistas Citadas (14 o más citas).

Artículos citados	REVISTA	CITAS	NIVEL
35	Salud Pública de México	236	III
9	Environmental Health Perspectives*	225	V
4	American Journal of Epidemiology	193	IV
4	Archives of Environmental Health*	93	III
4	Environmental Research*	84	IV
2	Pediatrics	80	IV
1	Nutrition Research*	74	III
2	Journal of Andrology*	59	IV
3	Neurotoxicology and Teratology*	55	III
2	American Journal of Clinical Nutrition*	53	V
1	Toxicology and Applied Pharmacology*	51	IV
1	Cancer Research	40	V
2	Archives of Medical Research	37	III
1	Cancer Epidemiology Biomarkers & Prevention	36	IV
1	Environmental Health *	36	III
4	Sexually Transmitted Diseases	36	IV
2	Occupational Environmental Medicine*	31	IV
1	Epidemiology	30	IV
3	Revista de Saude Pública	30	III
1	International Journal of Cancer	28	IV
1	Journal of Adolescent Health	27	IV
1	Journal of Nutrition*	27	IV
1	Annals of Epidemiology	26	IV
1	Public Health Nutrition*	26	III
1	American Journal of Preventive Medicine	21	IV
2	Revista Panamericana de Salud Pública	21	III
1	Bulletin of the World Health Organization	20	IV
1	Annals of Nutrition & Metabolism*	16	III
1	Sexually Transmitted Infections	16	IV
2	Reproductive Health Matters*	15	III
1	British Medical Journal	14	V
1	Reproductive Toxicology*	14	IV
51	Otras	180	
144	TOTAL	1930	

* Nivel de revista según el Factor de impacto por año (JCR 2010) y conforme al criterio de la “Clasificación Cualitativa de Revistas Científicas Periódicas”.

Tabla 6: Distribución por **nivel de revista** de los 148 artículos seleccionados en los 3 grupos temáticos, mas las **citas** correspondientes a cada artículo, así como su representación gráfica (**fig. 1**)

Revista	Nivel I-II	Nivel III	Nivel IV	Nivel V	Total
Artículos	5	92	38	13	148
Citas	107	679	812	332	1930

Figura 1

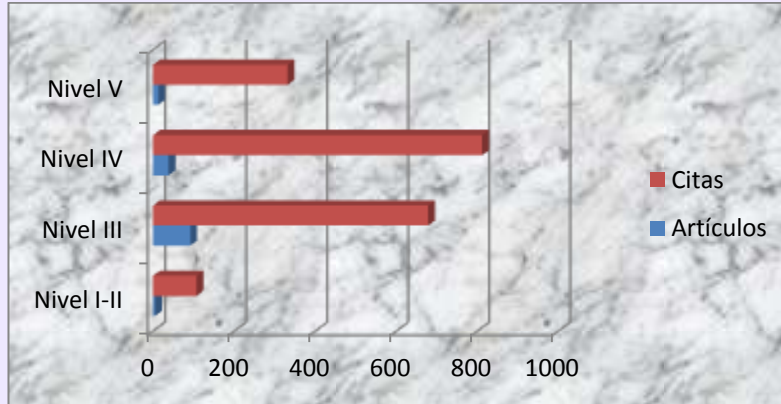


Tabla 7: Distribución de artículos seleccionados por **país de publicación** y **citas** correspondientes a ese rubro.

País de publicación de la revista	Artículos publicados	Citas
Estados Unidos	61	1332
México	43	289
Inglaterra	24	194
Brasil	5	38
Suiza	2	36
Holanda	8	28
Otros	5	13
Total	148	1930

Tabla 8: Distribución de los 147 artículos del INSP por **continente de publicación**.

Continente de publicación de la revista	Artículos publicados	Citas
AMÉRICA	110	1660
EUROPA	36	264
ASIA	2	6
Total	148	1930

II. REVISTAS DONDE SE PUBLICARON LOS ARTÍCULOS QUE CITAN LA PRODUCCIÓN CIENTÍFICA DE LOS INVESTIGADORES DEL INSP.

En esta sección, de un total de 649 títulos, 32 son las que aparecen con mayor aporte (tabla 9), siendo la revista del Instituto Nacional de Ciencias en Salud Ambiental de Estados Unidos “*Environmental Health Perspectives*” la que más artículos proporciona al volumen de citación de la producción de investigación del INSP, seguida por las revistas “*Salud Pública de México*”, “*Environmental Research*” publicada por Elsevier y la revista “*Journal of Nutrition*” de la Sociedad Americana de Nutrición. En cuanto a la especialidad de la revista, se observa en esta misma tabla que 11* están enfocadas a ciencias ambientales, 5* a nutrición y 5* a salud reproductiva.

Tabla 9. Revistas que citan (8 artículos o más).

Artículos que citan	REVISTA	NIVEL
74	Environmental Health Perspectives*	V
46	Salud Pública De México	III
31	Environmental Research*	IV
18	Journal of Nutrition*	IV
17	Neurotoxicology*	III
17	Science of the Total Environment*	IV
16	American Journal of Clinical Nutrition*	V
16	Public Health Nutrition*	III
14	Reproductive Health Matters*	III
14	Toxicology and Applied Pharmacology*	IV
13	American Journal of Epidemiology	IV
12	Ginecología y Obstetricia de México*	I
11	Archives of Environmental Health*	III
11	Cochrane Database of Systematic Reviews	V
11	Food and Nutrition Bulletin*	III
11	Cancer Epidemiology Biomarkers & Prevention	IV
10	Cadernos De Saude Pública	III
10	British Journal of Nutrition*	IV
10	Journal of Infectious Diseases	V
10	Pediatrics	IV
10	Reproductive Toxicology*	IV
10	Human Reproduction*	IV
9	Lancet	V
9	Journal of Toxicology and Environmental Health-Part B*	IV
9	Neurotoxicology and Teratology*	III
9	Chemosphere*	IV
8	International Journal of Gynaecology & Obstetrics*	III
8	International Journal of Hygiene and Environmental Health*	III
8	Journal of Analytical Atomic Spectrometry	IV
8	Revista Panamericana de Salud Pública	III
8	Toxicology*	III
8	Cancer Causes & Control	III

* Nivel de revista según el Factor de impacto por año (JCR 2010) y conforme al criterio de la “Clasificación Cualitativa de Revistas Científicas Periódicas”.

Los **Artículos** que citaron la investigación realizada en el INSP fueron **1541**, algunos de ellos aportaron 2 o más citas en el mismo artículo con las cuales se obtuvieron en total **1930 citas** (*ver citografía*), se recuperaron **649 títulos** de revistas, los datos obtenidos en esta sección fueron: el número de artículos de acuerdo al nivel de revista y el número de títulos de revista para cada nivel (*tabla 10*); la distribución de la citografía recuperada de acuerdo al continente y países que más aportaron (*tablas 11 y 12*)

Tabla 10

Artículos que citan los trabajos sobre Salud Reproductiva del INSP, de acuerdo al Nivel de Revista		TÍTULOS DE REVISTA
NIVEL I	215	127
NIVEL III	732	328
NIVEL IV	373	108
NIVEL V	167	38
SIN NIVEL	54	48
TOTALES	1541	649

Tabla 11

Artículos que citan los trabajos sobre Salud Reproductiva del INSP Por continente	
AMÉRICA	895
EUROPA	547
ASIA	77
AFRICA	13
OCEANÍA	9
	1541

Tabla 12

Países en las cuales se publican las Revistas que mas citan los trabajos sobre Salud Reproductiva del INSP	
ESTADOS UNIDOS	632
INGLATERRA	287
MÉXICO	116
HOLANDA	100
BRASIL	46
COLOMBIA	31
ALEMANIA	29
ESPAÑA	27
JAPÓN	24
IRLANDA	22
SUIZA	20
CHILE	19
DINAMARCA	12
CANADÁ	11
CHINA	11
INDIA	10
PERÚ	10
VENEZUELA	10
OTROS (64 PAÍSES MÁS)	124
	1541

INVESTIGACIÓN SOBRE SALUD REPRODUCTIVA EN MÉXICO

Cuando mencionamos Salud Reproductiva, generalmente asociamos esta especialidad con sus componentes directos: Planificación familiar, fertilidad, anticoncepción, atención materno-infantil, historia reproductiva, embarazo, sexualidad, infertilidad y menopausia; así como algunos aspectos de enfermedades de transmisión sexual, violencia intrafamiliar y cánceres ginecológicos sobre todo cuando estos atentan contra el aparato reproductor o contra los procesos reproductivos; al concluir la revisión citográfica se visualizan también los otros componentes externos mencionados e implicados en este tema (medio ambiente y nutrición). Después de analizar el presente documento en cuanto a la producción científica del INSP sobre este referente, se concluye que los aspectos relacionados a Salud Pública han sido cubiertos por las diferentes Líneas de Investigación mencionadas, principalmente: “Salud Reproductiva”, “Salud Ambiental” y “Desnutrición”. De manera alterna se realizó una breve revisión en PubMed de los últimos 6 años, sobre investigación básica y clínica de aspectos reproductivos realizada en México con el propósito de conocer qué temas han sido objeto de estudio en nuestro país por autores de otras instituciones, algunos de ellos incluso, han participado de manera activa en colaboración con los investigadores del INSP. Con esta revisión se obtuvieron los tópicos más investigados y el nombre de los autores con mayor presencia en esta área.

Investigadores que trabajan en *Temas Selectos de Reproducción Humana en México.*

Pre-eclampsia; Eclampsia; Síndrome de Hellp.

Alfredo Leños Miranda. – Hospital Gabriel Mancera; IMSS.

Ana Bertha Zavalza Gómez. – Hospital de Ginecología y Obstetricia del CM de Occidente; Guadalajara, Jal.

Ana Carolina Ariza. – Instituto Nacional de Ciencias Médicas y Nutrición “Salvador Zubirán”; SSA.

Arturo Zárate. – Hospital de Especialidades del CMN “Siglo XXI”; IMSS.

Gustavo Romero Gutiérrez. – Hospital de Gynecopediatría No. 48; IMSS. Guanajuato, México.

Elly Natty Sánchez Rodríguez. – Facultad de Química. UNAM.

Felipe Vadillo Ortega. – Depto. de Medicina Experimental, Facultad de Medicina; UNAM.

Jesús Carlos Briones Garduño. – Unidad de Investigación del Instituto Materno Infantil del Estado de México.

Juan Fernando Romero Arauz. – Hospital de Ginecología y Obstetricia de México, “Luis Castelazo Ayala”; IMSS.

Juan Gustavo Vázquez Rodríguez. – Hospital de Ginecología y Obstetricia No. 3, CMN “La Raza”; IMSS.

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María Guadalupe Veloz Martínez. – Hospital de Ginecología y Obstetricia No. 3, CMN “La Raza”; IMSS.

Thelma Canto Cetina. – Centro de Investigaciones Regionales “Dr. Hideyo Noguchi”; Mérida, Yucatán.

Diabetes Gestacional.

Ana Bertha Zavalza Gómez. – Hospital de Ginecología y Obstetricia del CM de Occidente; Guadalajara, Jal.

Arturo Zárate. – Hospital de Especialidades del CMN “Siglo XXI”; IMSS.

Carlos Ortega González. – Instituto Nacional de Perinatología; SSA.

Enrique Reyes Muñoz. – Instituto Nacional de Perinatología; SSA.

Gerardo Forbasch Sánchez. – Hospital de Ginecoobstetricia “Dr. Gerardo Morones”; IMSS; Monterrey, N.L.

Marcelino Hernández Valencia. – Hospital de Especialidades del CMN “Siglo XXI”; IMSS.

- María Martha Vela Huerta.** – *Depto. De Neonatología, Hospital de Ginecología y Obstetricia; IMSS; León, Gto.*
Margie Balas Nakash. – *Instituto Nacional de Perinatología; SSA.*
Otilia Perichart Perera. – *Instituto Nacional de Perinatología; SSA.*
Ricardo J. Hernández Herrera. – *Hospital de Ginecoobstetricia “Dr. Gerardo Morones”; IMSS; Monterrey, N.L.*

Enfermedades Infecciosas y Parasitarias (VIH, toxoplasmosis, vaginosis bacterial)

- Cosme Alvarado Esquivel.** – *Facultad de Medicina de la Universidad Juárez; Durango, Mex.*
Gustavo Romero Gutiérrez. – *Hospital de Gynecopediatría No. 48; IMSS. Guanajuato, México.*
Irma Cañedo Solares. – *Instituto Nacional de Pediatría, SSA.*
Laura Díaz Cueto - *Hospital de Ginecología y Obstetricia de México, “Luis Castelazo Ayala”; IMSS.*
María Hernández Trejo. – *Instituto Nacional de Perinatología; SSA.*
Rolando M. Viani. – *Depto. de Pediatría, Facultad de Medicina, Universidad de California; San Diego, Ca. US.*

Complicaciones Cardiovasculares.

- Carmen Armida Iñigo Riesgo.** – *Hospital de Ginecología y Obstetricia del CM de Occidente; Guadalajara, Jal.*
Luis Guillermo Torres Gómez. – *Hospital de Ginecología y Obstetricia del CM de Occidente; Guadalajara, Jal.*

Cáncer Ginecológico - Embarazo.

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Ruptura Prematura de Membranas; Parto Pretérmino

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Membranas Extraembrionarias; Desarrollo Fetal; Ultrasonografía Fetal.

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Infertilidad; Disfunciones Sexuales; Técnicas de Reproducción; Hormonas Relacionadas a la Función Reproductiva; Capacitación Espermática.

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Climaterio; Menopausia; Postmenopausia; Terapia con Estrógenos.

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Síndrome Metabólico y Posmenopausia.

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Anomalías Fetales. Anomalías Congénitas. Enfermedades del Recien Nacido.

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Mortalidad Materna. Mortalidad Neonatal.

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Planificación Familiar; Anticoncepción. Aborto.

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Adolescentes; Embarazo; Trastornos Alimenticios; Menarca; Menstruación.

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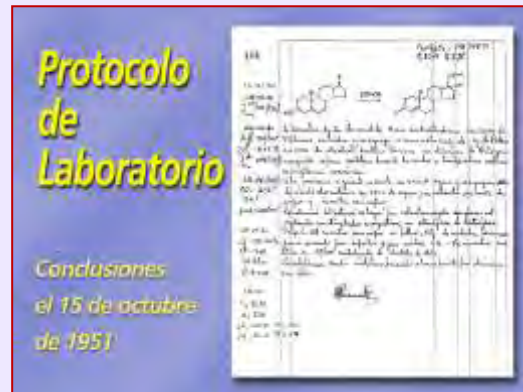
Contribución Mexicana a la Reproducción Humana

El nacimiento del ingrediente activo de la píldora anticonceptiva en México.

Uno de los acontecimientos histórico-científicos en México en el ámbito de la reproducción humana, se dio a principios de la década de los cincuenta, por medio de la colaboración entre el Instituto de Química de la UNAM y la compañía Syntex fundada en 1944 (1). Derivado de esta interacción, en 1948 Luis Miramontes Cárdenas un joven egresado de la Escuela Nacional de Ciencias Químicas quien trabajaba en el Instituto de Química por invitación del Dr. Fernando Orozco al considerarlo un alumno sobresaliente en el campo experimental de la Química Orgánica (2), se incorpora a colaborar en Syntex con un grupo de investigadores mexicanos y extranjeros entre ellos Carl Djerassi y Jorge Rosenkranz (vicepresidente y director de investigación respectivamente de esta empresa) quienes coordinaban dos proyectos de investigación simultáneos: uno, sintetizar corticosteroides, el otro, lograr sintetizar 19-nor-esteroides; proyecto donde Luis Miramontes comenzó a colaborar presentando resultados sorprendentes y notables el 15 de octubre de 1951 al obtener por primera vez la síntesis de la hormona 19-nor-17- α -etinitestosterona, compuesto con alto potencial progestacional después conocida comercialmente como noretisterona o noretindrona. Ese mismo año se obtuvo la patente mexicana del compuesto, otorgada a: Luis Miramontes - Carl Djerassi y Jorge Rosenkranz de la compañía química mexicana Syntex S.A. Posteriormente, el primero de mayo de 1956, se concedió la patente en Estados Unidos, llevándose a cabo los estudios toxicológicos y clínicos en la Worcester Foundation for Experimental Biology en Massachusetts por el endocrinólogo Gregory Pincus, Min Chueh Chang y el Ginecólogo John Rock, con el fin de desarrollar una píldora anticonceptiva; el financiamiento fue a través de Catherine Dexter McCormick, promovido por el entusiasmo de la Sra. Margaret Sanger una ferviente activista de los derechos de la mujer. La Food and Drug Administration aprobó en 1960 la comercialización de la píldora apareciendo "Norlutin" con el compuesto de Syntex. (3,4). La noretindrona hasta el día de hoy sigue siendo uno de los ingredientes activos de los anticonceptivos orales que son utilizados por millones de mujeres en el mundo como método de planificación familiar.



Luis Ernesto Miramontes en el Instituto de Química. Imagen: Gaceta 54 Facultad de Química. Agosto 2009



Protocolo de laboratorio de Luis E. Miramontes Cárdenas.



Rosenkranz con su personal de Syntex y el tubérculo de cabeza de negro, materia prima para la síntesis de la cortisona.

Ingeniero Químico Luis Ernesto Miramontes Cárdenas (1925-2004)



Imagen: Luis E. Miramontes Cárdenas. Memoria gráfica, sitio oficial. Instituto de Física, UNAM.



Dr. Luis Ernesto Miramontes Cárdenas
Mural del Palacio de Gobierno en Tepic
Imagen: www.nayaritas.net

Luis Ernesto Miramontes Cárdenas nació en Tepic Nayarit el 16 de marzo de 1925, estudió el bachillerato en el plantel uno de la Escuela Nacional Preparatoria, obtuvo la Licenciatura en Ingeniería Química en la Escuela Nacional de Ciencias Químicas, fue cofundador del Instituto de Química de la UNAM donde cursó los estudios de doctorado laborando en el área de Química Orgánica. Su trayectoria profesional incluye; varias investigaciones publicadas, patentes nacionales e internacionales, recibió reconocimientos y premios por su aportación científica. Luis Miramontes Cárdenas fallece en la ciudad de México el 13 de septiembre del 2004. (5)

En el 2003 se consideró a la noretisterona como una de las 17 moléculas más importantes en la historia del ser humano. En el 2006 fue enlistada por la revista Galileu, como una de las 10 sustancias químicas más revolucionarias en la historia del hombre. (4)

La patente se encuentra en el Salón Nacional de la Fama al lado de Louis Pasteur, Thomas Alva Edison, Alexander Graham Bell y otros científicos de gran envergadura (4)

(Der.) Luis E. Miramontes, en presencia de George Rosenkranz recibe del rector de la UNAM Juan Ramón de la Fuente, un reconocimiento en el 50 aniversario de la síntesis de noretisterona. (2001)

Imagen: Luis E. Miramontes Cárdenas. Memoria gráfica, sitio oficial. Instituto de Física, UNAM.

“Yo no soy el inventor de la píldora anticonceptiva, el inventor fue el Dr. Gregory Pincus; yo soy el descubridor del compuesto químico que originó la mencionada píldora. Algunos dicen que somos los padres de la píldora, no los inventores.”

“La aparición de los anticonceptivos modernos presentó una opción para la generación de una conducta humana: la paternidad responsable”

“Su objetivo no fue ni es coartar la necesidad anímica e instintiva de la procreación, simplemente ha dado a la pareja la capacidad de prever, determinar y procurar las condiciones propicias para la formación de la familia.”

“La píldora anticonceptiva pone también a nuestro alcance el cumplimiento de una responsabilidad mayor; la preservación de nuestro mundo ecológico, nuestro planeta casa.”
L.M.C.[3]



PLANTAS MEXICANAS COMO FUENTE DE ESTEROIDES

Marker E. Rusell Pionero de la industria de los esteroides



En 1941 llegó a México Russell E. Marker químico y profesor de la universidad de Pennsylvania (Rev Soc Quím 2001) (4) convencido de que la materia prima para la industria de las hormonas esteroides se podría obtener de algunas plantas abundantes en México como la dioscorea “cabeza de negro” y la discorea composita o “barbasco” de mayor importancia comercial por su contenido en diosgenina, inició sus investigaciones en botánica y química orgánica aislando una sapogenina de la zarzaparrilla (*Smilax aristolochiaefolia*), transformando esta última en pregnenolona; utilizó el mismo procedimiento para obtener diosgenina a partir de un extracto de *Dioscorea tokoro*. A este procedimiento químico para transformar la pregnenolona en progesterona se le llamó “Degradación de Marker”. En 1943 Marker había encontrado la forma de producir grandes cantidades de progesterona a un bajo costo para industrializarla como base de las hormonas sintéticas (6). Posteriormente, Rosenkranz desarrolló un proceso químico semejante al de Marker para producir otras hormonas como la testosterona y la desoxicorticosterona. Estos dos investigadores fueron parte fundamental en la empresa Syntex que en un tiempo fue la compañía precursora y líder de los esteroides en México. (6)

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Documento de Análisis Citográfico preparado por:

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C.D. Silvia Leonor Rojas Martínez

Apoyo a la Investigación y Revisiones Sistemáticas
Unidad de Investigación en Diabetes y Riesgo Cardiovascular
CISP-INSP.